VII. CONDUCTING THE HOME SAFETY OBSERVATION ASSESSMENT

The final activity for Home Visit A is the *Home Observation Safety Assessment*, adapted from the Home Accident Prevention Inventory-Revised (HAPI-R). To conduct this aspect of the safety assessment, you will need to observe the following rooms in the house:

(1) room where baby sleeps at night most of the time;
(2) room where baby spend most of his/her time during the day;
(3) room where baby usually naps during the day;
(4) most used bathroom with a tub or shower; and
(5) kitchen.

Therefore, the observation may include up to five rooms in the house. However, some of these rooms may overlap, for example, the baby may sleep and nap in the same room. In this case, you would only need to observe four rooms. Observations will be documented on the *Home Safety Observation Data Form* (included at the end of this chapter). As discussed in ***Chapter II***, you must have the mother's consent to observe each of these rooms (using the *Home Visit Observation Consent Form*). If there is any room that the mother does not want you to observe, you will need to document this on the consent form and the *Home Safety Observation Data Form*.

A. Preparation

1. Forms and Materials Needed

Chapter II of this MOO contains a comprehensive list of all forms and material needed to conduct Home Visit A and Home Visit B. Below, we highlight those forms and materials necessary for the *Home Safety Observation Assessment* which is conducted during Home Visit A.

- HV MOO containing this chapter and a copy of the scoring instructions from ***Appendix C***
- *ETS Home Safety Observation Participant Consent Form*
- *ETS Home Safety Observation Data Form*
- *Nicotine Monitor Placement and Safety Observation Determination Form* (Baseline or Follow-up Version depending on the time frame)
- Poisonous Plant Summary (to review plants; also in ***Appendix C***)
- Laser Measure (this may be easier to use than tape measure for room size)
- Tape Measure (this may be easier to use for size of crib slats, small objects)
- Thermometer (to test water) and replacement battery
- Extendable/retractable pole (e.g., golf ball retriever or paint roller)
- Empty Toilet Paper Role (to test size of small objects)
- Flashlight
- Empty toilet paper roll
- Pen or pencil
- Clip board

2. Pre-Observation Activities

Prior to conducting the Home Safety Observation, you must complete the following activities:

1. Thoroughly read and understand this chapter and the scoring instructions in ***Appendix C*** of this manual.
2. Obtain the mother's written consent on the *Home Safety Observation Participant Consent Form* as discussed in ***Chapter II***. Be sure to address any questions or concerns the mother may have about the observation. Participant restrictions on areas within the home that may be observed must be documented on the consent form and adhered to by you and/or any other observer.
3. Complete the drawing of the *Household Map* and administer the *Nicotine Monitor Placement and Safety Observation Determination Form* as discussed in ***Chapter III***. Based on the mother's responses to the questions, you should be able to identify the following rooms for observation:

    - Room where baby sleeps;
    - Room where baby spend most of his/her time during the day;
    - Room where baby naps;
    - Most used bathroom with a tub or shower; and
    - Kitchen

4. Complete pages 1 and 2 of the *ETS Home Safety Observation Data Form* including rooms to be observed (as described above) and eye and reach level of largest child age 0-6 years (as described below). You may need to update this page at the end of the observation if, for some reason, you were not able to observe all required rooms.

B. Determine Measurements of the Oldest Child's Accessibility (Child's Eye and Reach Level)

Prior to starting the observation, you will first need to measure the eye and reach level of the largest child in the household who is between the ages of 0-6 years. Steps for measuring eye and reach level are included below. If the household only includes infants and/or children who are not yet walking, use a standard measurement of 33 inches for eye level and 45 inches for reach.

1. Identify the physically largest child between the ages of 0-6 years.
2. Measure the child from eye level to the floor when the child is standing up straight and feet are placed together.
3. With the child standing up straight, feet placed together, arms outstretched directly overhead, measure child from the tip of the hand to the floor.
4. Again, if the household only includes infants and/or children who are not yet walking, use a standard measurement of 33 inches for eye level and 45 inches for reach.

5. Record both measurements in inches on the *ETS Home Safety Observation Data Form* (item #3 on page 1) so they are available for use when assessing homes for safety hazards and the oldest child's accessibility to higher surfaces (e.g., counter tops, table tops, shelves, cabinets, etc.) Remember, if a surface is at the eye level of a child, a child can climb onto that surface

C. Conducting the Home Safety Observation

You will record the number of hazards for each subcategory in the space provided for each room on the *Home Safety Observation Data Form*. Be sure to refer to the scoring instructions in ***Appendix C*** as necessary to categorize each item appropriately. To conduct the observation, follow these steps:

1. Systematically assess each room by walking around and observing the room in a CLOCKWISE fashion. Start with the left side of the room as you enter the doorway to the room, and then work your way around the room back to the entry door where you started. Make sure to assess any parts of the center of the room that you may have missed at the end of your walk through each room. As you identify a hazard, place a tally mark in the appropriate space for each subcategory.
2. Only observe the room one time per home visit assessment.
3. After completing the observation for each room, add the tally marks for each subcategory of hazards and indicate the total number of hazards in the last column of each table.

D. Guidelines for Conducting the Observation

1. General Guidelines

Listed below are general guidelines to follow when conducting the safety observation. It is important that you carefully review and fully understand these guidelines before beginning.

1. Complete the assessment one room at a time.
2. Keep the measuring tape (and laser measure) with you throughout data collection.
3. Open cabinets to see if shelves can be used the child as steps. Shelves may serve as steps, thus changing the accessibility of other nearby objects. **NOTE: Do not open cabinets and other closed areas if the participant has not given you permission in the consent form.**
4. If a drawer, cabinet, shelf, dresser, or countertop is within arm's reach of the child, count all accessible hazards in the drawer or cabinet or on the shelf or countertop. A drawer, cabinet, shelf, dresser, or countertop is considered within arm's reach if the child can touch the following locations:

    - If the child can touch any portion of the bottom inside surface of the drawer, then all items in that drawer are accessible.
    - If the child can touch any portion of the top surface, then all items on the top of the cabinet, shelf, dresser, or countertop are accessible.

5. If a sink can be used for climbing to other nearby locations, determine further accessible areas by measuring from the bowl of the sink.
6. If there is a question regarding the contents of a container, ask the participant.
7. The definition of "childproof" caps with locks may also include containers that have directions written on them (for example, "Squeeze the arrows on the cap to open.") Remember to check all containers for childproof packaging, not just medications. For example, some insecticides have childproof packaging. Further, check to be sure all caps with locks are actually secured and not just places on top of the container such that the childproof mechanisms are not in effect.
8. When assessing hazards that are considered a "set," such as a box containing a set of oil paints or a set of contact lens preparations, count the set as one hazard. A good guideline when trying to determine if something is a set is to determine whether the objects are related or used for the same general purpose. In addition, score hazards that are consolidated in a container as one item.
9. Occasionally, hazardous objects can be scored under more than one category. When this occurs, first review the scoring instructions included in ***Appendix C*** to determine if one category may be more appropriate. If it still appears that the object may be scored under more than one category, score the item under the most appropriate category using your best judgment – do not score the hazard twice. The most common example is small objects that are sharp (such as packages of tacks or small nails). In this case, score object under "Small Objects" rather than "Sharp Objects."
10. The ETS Home Safety Observation does not directly quantify some hazardous substances, such as garbage or spoiling food. Do not forget to check the participant's garbage container and refrigerator; make a note of whether the participant has open garbage (that is, garbage that is not contained or contained without an appropriate cover) or spoiling food in Section H, Item #6 of the *Home Safety Observation Data Form*.

2. Key Definitions/Measurements

When conducting the observation, it is important that you have a clear understanding of the following terms:

ACCESSIBLE:
For a hazard to be scored as "accessible," the following conditions, either a "1" or "2" in combination with a "3" or "4" must exist.

1. A hazardous object is within arm's reach of any child, 0 to 6 years old, as he or she stands on the floor.

2. A hazardous object is within arm's reach of any child, 0-6 years old, when he or she stands or climbs onto adjacent objects.

3. A hazardous object is in an open (unlocked) container or space. For example, poisonous liquids contained underneath the sink in a cabinet that is within the child's

reach and does not have some sort of a safety lock to keep the child from opening the door.[1]

4. A hazardous object does not have a childproof cap or lock or has a childproof cap or lock that is broken, cracked, or open.

   NOTE: A child can climb onto any surface that is lower than his or her eye level. A child can step up or climb onto a series of progressively higher surfaces if they are arranged in a stair-step fashion and are lower than the child's eye level when the child is standing on each preceding surface level. Only record accessible stair-step surfaces that you encounter and measure during the time of your observation. Do not score surfaces as accessible under the assumption that a child could move an object, allowing him or her to step up to that surface. For example, if the child can access the kitchen countertop only by moving the dining room chair into the kitchen, do not count the countertop as accessible. If however, the chair is already by the counter, you may count this as accessible. [2]

CHILD PROOF:
A bottle, tub, can, jar, cabinet or other area that a child cannot open either because it has a special instruction (e.g., push down then twist, squeeze sides then twist) or because of locks and latches that prohibit access. BUT, in order to be considered "child proof" the item in question must be sealed properly – for example, the lid must be on tight, properly closed, the latch must be secured.

[1] A. Rose added example, not included in original text from HAPI-R manual.
[2] A. Rose added example; not included in original text from HAPI-R manual.

INSERT THE FOLLOWING FORMS:

Home Safety Observation Data Form